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TALLAHASSEE, FLORIDA

APR 1 0 2019 T SCHROEDER

COVER LETTER

SUBJECT:	JOSH & CO	MPANY LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	<i></i>	Name of Person	
Division of Corporations SUBJECT: TOSH & Content of Amendment and fee(s) are clease return all correspondence concerning this matter. Please return all correspondence concerning this matter. Please return information concerning this matter, please return information concerning this matter, please return and please return all correspondence concerning this matter, please return information concerning this matter, please return and please return all correspondence concerning this matter, please return and please return all correspondence concerning this matter, please return all correspondence concerning this matter, please return all correspondence concerning this matter. Please return all correspondence return all correspondence concerning this matter. Please return all correspondence retu			<u></u>
	Division of Corporations TOSH & COMPANY LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: TVAN ZAMORA Name of Person JOSH & COMPANY LLC Firm/Company 2957 SUN POINTE CT Address LISSIMBEE, FL 3474 City/State and Zip Code HUNGENIA & AMORO COM E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: TVAN ZAMORA Name of Person at (404) G93-9746 Area Code Daytime Telephone Number is a check for the following amount: 00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabasee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Gopporations Clifton Building 2661 Executive Center Circle		
Ear further information	E-mail address: (UDENAL E NAMO COM (to be used for future annual report notificati	ion)
_	-		? 77 6
SUBJECT: JOSH & COMPANY LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filling. Please return all correspondence concerning this matter to the following: TVAN ZAMORA Name of Person JOSH COMPANY LLC Firm/Company 2957 SUN POINTE CT Address LUSSIMMEE, FL 3979 City/State and Zip Code HUNGANDE PARO COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TVAN ZAMORA Name of Person at (407) G93 9776 Area Code Daytime Telephone Number Enclused is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314 Zeol Executive Center Circle			
Enclosed is a check for	or the following amount:		
		Certified Copy	Certificate of Status & Certified Copy
Reg Div P.O	istration Section ision of Corporations . Box 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JOSH & COMPANY	LLC				
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	s it now appears on our records. Ity Company))			
	e filed on <u>3/11/20</u>	019_	and as	ssigned	i
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company here:				
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC"	or the abbrev	riation "l	L.L.C."	; ,
Enter new principal offices address, if applicable:			5		**
(Name of the Limited Liability Company as it now appears on our refregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: The Articles of Organization for this Limited Liability Company were filed on 3/11/2 **Enter Florida document numberL19000075853*. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) **AM.** **Enter new mailing address on our refregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: **Enter Florida street a company as it now appears on our refregistered office address here: **Enter Florida street a company as it now appears on our refresh address here: **Enter Florida street a company as it now appears on our refresh address here: **City**	SAME	<u> </u>	APR	_E	<u> </u>
			<u>.</u>	一	<u> </u>
Enter new mailing address, if applicable:		C FL	P	ED	
(Mailing address MAY BE A POST OFFICE BOX)		ATE DRIE	ယ္ဆ		
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	address on our records,	enter the	name	e of th	ie nev
Name of New Registered Agent:	SAME				
New Registered Office Address:	Enter Florida street address				
	, Flor	-ida			
			Zip Code	, t	
New Registered Agent's Signature, if changing Registered Agent:					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IVAN ZAMORA	2957 SUN POINTE CT	₽ Add
		HISSIMMEE, FL 34741	Remove
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			SECURE IARY OF STATE OF STATE OF STATE OF STATE
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an effective date is listed, the ote: If the date inserted inserted in the other inserte	n tlus block does not	meet the applica	ible statutory fi	more than 90 days ing requirements.	after filing.) Pursu , this date will no	ant to 60: of be fist	5.0207 ted as
ocument's effective date of	on the Department of	State's records.					
record specifies a c	delayed effective	date, but not	: an effective	e time. at 12:0)1 a.m. on th	e earli	er o
The 90th day after t	he record is filed	i.				c carn	C1 01
ated <u>3/29</u>	12019)			
	12011	· //	- 1)			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00